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APPLICANTS

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** CONTINUING DATA ***** None JMB

** FOREIGN APPLICATIONS ***** None JMB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NJ	5	31	2
Allowance ~ Examiner's Signature <u>A. Martin B. JMB</u> Initials				

ADDRESS

Docket Administrator
 (Room 3J-219)
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TITLE

1 X N wavelength selective switch

FILING FEE RECEIVED 1098	FEES: Authority has been given in Paper. No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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